



GEORGIA STATE BOARD OF COSMETOLOGY  
PROFESSIONAL LICENSING BOARDS  
237 COLISEUM DRIVE  
MACON, GA 31217  
(478) 207-2440

## NAME CHANGE REQUEST FORM

License Number: \_\_\_\_\_ SSN Number: \_\_\_\_\_

Current name (as it appears on license): \_\_\_\_\_

New Name: \_\_\_\_\_  
PLEASE PRINT CLEARLY (last name, first name, middle name)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
(Your email address will not be shared with third parties.)

Attach a **copy** of one of the following if applying for a change of name:

- \_\_\_\_\_ Marriage Certificate
- \_\_\_\_\_ Divorce Decree
- \_\_\_\_\_ Name change approval documents from the court

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*Please note: if you would like to receive a copy of your license with the new name change, submit a duplicate license application form along with the \$25.00 processing fee.**